

KNOWLEOGERBILITY CONTROL RECORD

This record identifies individuals in your element/organization who have been granted knowledgeability for STAR GATE material. (See attached instructions for knowledgeability request and control procedures.)

NAME/SSN (FIRST NAME,MI,LAST NAME)	ACTIVITY/PHONE NO. (DIVISION, BRANCH, OFFICE, ETC.)	DATE APPROVED	DATE DEBRIEFED
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PAG-TA FORM 1-1

SECRET/NOFORN/LIMDIS
STAR GHIL

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